2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOCU 1. Entity Nam GWBLAC	ne	#P03000033			04-07-2008 90	060 039	***150.0	00		
Principal Place 108 BULLDO PALM COAST	G DRIVE		Mailing Address 15 PACKARD LANE PALM COAST, FL 32164		<i></i>	4006		FRIER HING HIN	 81181 (1111)11	.
2. Principal P	lace of Busin	ness - No P.O. Box # *	3. Mailing Address :							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			,01152008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State		4. FEI Number 11-368				plied For t Applicable	
Zip	Country		Zip	Zip Coun		5. Certificate of Status Desired		S8.75 Additional Fee Required		
	6. Name	and Address of Current	Name	7. Name and	Address of New Re	gistered A	jent			
BLACKLEDGE, GARY 15 PACKARD LANE					Street Address (P.O. Box Number is Not Acceptable)					
PALM COAST, FL 32164										
7. · · · · · · · · · · · · · · · · · · ·					City		<u></u>	FL	Zip Code	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	: Registere	d Agent signature require	ed when rainstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campai Trust Fund Cont			5.00 May Be ided to Fees				
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND		11,		ADDITIONS	CHANGES TO OFFIC	CERS AND I	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15 PACK	EDGE, GARY ARD LANE DAST, FL 32164	☐ Delete						Change	☐ Addition
TITLE	DST Delete BLACKLEDGE, KERRI A			TITU	I .	•	_ .		Change	Addition
NAME Street address	15 PACK	ARD LANE		NAME STREE						
CITY-ST-ZIP	PALM COAST, FL 32164 CIT				-ST-ZIP				☐ Change	☐ Addition
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CITY-ST-ZIP	<u> </u>	<u></u>		-	-ST-ZIP		<u> </u>			
name Street address City-St-Zip			☐ Delete		· I				□ Change	☐ Addition
TITLE NAME STREET ADDRESS CSTY-ST-ZIP			☐ Delete		l l	,			Change .	☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										